

# Utah Health Status Update:

## Overweight in Children: A Public Health Epidemic

August 2005

Utah Department of Health

In Utah in 2002, one in four kindergarten to eighth grade students were overweight\* or at risk of becoming overweight (25.5%). Boys were more likely to be overweight or at risk than girls (27.9% vs. 22.9%). Additionally, there were more overweight boys than girls (14.1% vs. 10.0%). There was no significant difference between urban and rural schools.<sup>1</sup>

From 1993 to 2002 the proportion of overweight third grade boys increased by 119% (6.9% to 15.1%), and the proportion of overweight third grade girls increased by 40% (6.8% to 9.5%). If this trend continues, one third of all third grade boys could be overweight by the year 2010.<sup>1</sup> Nationally a similar trend has been observed; in 1963–1965, 4% of children aged 6–11 were overweight compared to 16% in 1999–2000.<sup>2</sup>

According to the 2003 National Youth Risk Behavior Survey (YRBS), approximately 1.9 million public high school students were overweight or at risk of becoming overweight. In Utah, approximately 36,500 public high school students were overweight or at risk, including 14,000 overweight students, or enough to fill 410 classrooms.

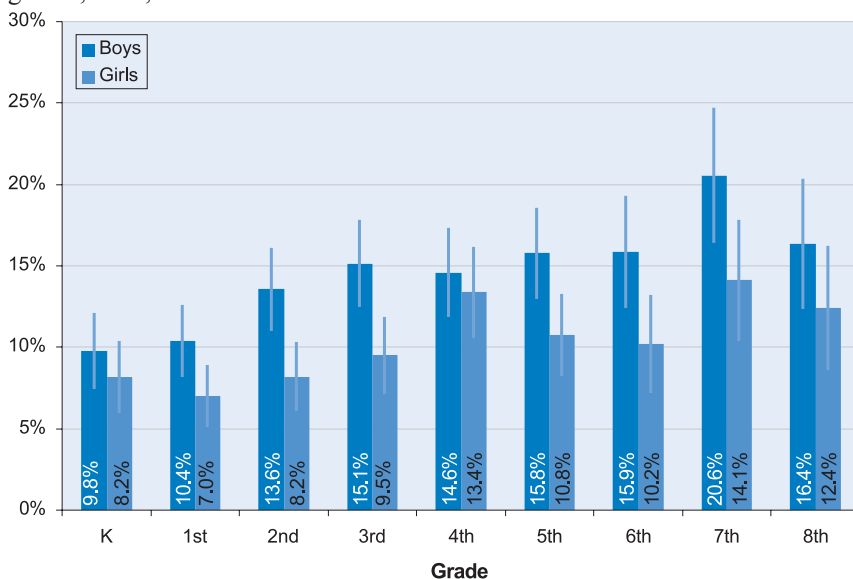
The percentage of Utah public high school students who are overweight or at risk for becoming overweight increases every year. In 1999, 5.4% students were overweight which increased to 7.0% in 2003. Generally more boys were overweight than girls. The percentage of students who were at risk for becoming overweight in 1999 was 9.1% and increased to 11.3% in 2003; again boys were more likely to be at risk than girls.

Children and adolescents who are overweight or at risk of becoming overweight are more likely to become obese or overweight adults. Those children also have an increased likelihood of having pre-diabetes, diabetes, high blood pressure, high cholesterol, and can suffer from low self-esteem and discrimination.

An increase in caloric consumption coupled with a decrease in physical activity has led to increased weight in children. The average

### Overweight\* by Grade and Gender

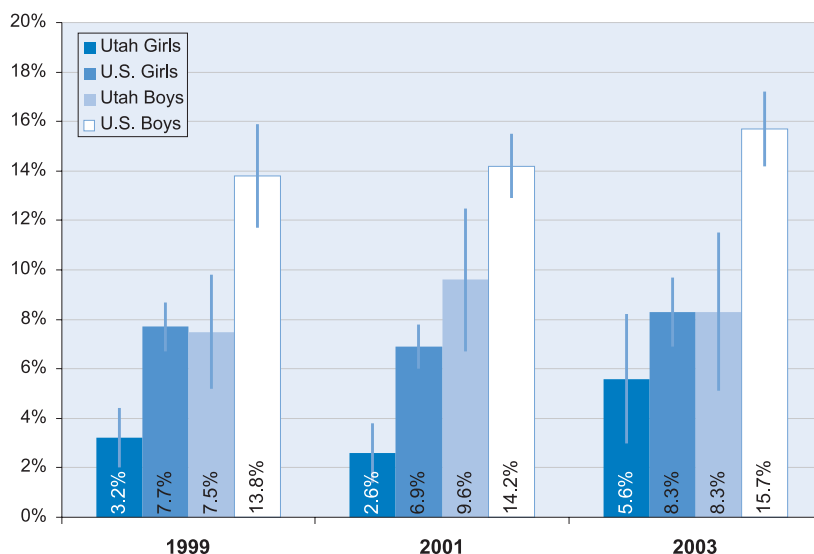
Figure 1. Percentage of Utah children who were overweight by grade and gender, Utah, 2002



Source: Utah Department of Health, Bureau of Health Promotion, Heart Disease and Stroke Prevention Program. (2002) Height/Weight Measurement

### Overweight\* High School Students

Figure 2. Percentage of high school students who were overweight by gender and year, Utah and U.S., 1999, 2001, and 2003



Source: YRBS 1999, 2001, and 2003

\*Overweight (or obese) for children is defined as greater than or equal to the 95th percentile for BMI (body mass index) by age and sex based on CDC Growth Charts. 'At risk of becoming overweight' is defined as greater than or equal to the 85th percentile but less than the 95th percentile for BMI by age and sex based on CDC Growth Charts.

daily caloric intake of children/adolescents increased from 1,900 calories per day in 1977–78 to 1,964 in 1994–96. This increase of 64 calories per day could result in a weight gain of 6.7 pounds in a year.<sup>4</sup> Increased consumption of high-sugar products and increased portion sizes are the major contributors to increased caloric consumption.

Approximately one third of all adolescents do not get the recommended amount of physical activity. Studies suggest that time spent watching television, playing video games, and using computers has contributed to this decrease in physical activity. Nationally the percentage of public high school students who watch three or more hours of television per day on an average school day remained constant from 1999 (42.8%) to 2003 (38.2%). Though the overall rates were lower in Utah, they remained fairly constant: 19.3% in 1999 and 22.9% in 2003.<sup>5</sup>

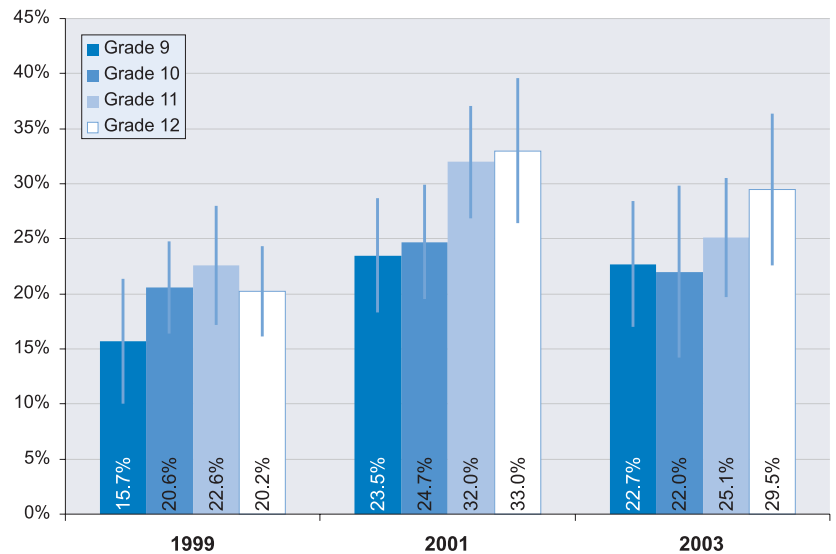
Data clearly show an increase in the number of children and adolescents who are overweight or at risk. In order to combat the overweight epidemic it is necessary to address both nutrition and physical activity. Children's homes, schools, neighborhoods, and churches all play significant roles in their lives. In all of these settings, healthy eating and physical activity habits need to be promoted and modeled for children.

References:

1. Utah Department of Health, Heart Disease and Stroke Prevention Program 2002 Surveillance Data.
2. National Center for Health Statistics, Center for Disease Control and Prevention. *Prevalence of Overweight Among Children and Adolescents: United States 1999–2002*. Retrieved on March 18, 2005, from <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/overwght99.htm>
4. Economic Research Service United States Department of Agriculture, Briefing Room: Diet and Health: Food Consumption and Nutrient Intake Tables. Retrieved on February 14, 2005, from <http://ers.usda.gov/briefing/dietandhealth/data/nutrients/table1.htm>
5. *Youth Online: Comprehensive Results*. Youth Risk Behavior Surveillance System. Retrieved on February 2, 2005, from <http://apps.nccd.cdc.gov/yrbbs/>

### Physical Inactivity Among High School Students

Figure 3. Percentage of high school students who did not get the recommended amount of physical activity in the last seven days by grade and year, Utah, 1999, 2001, and 2003

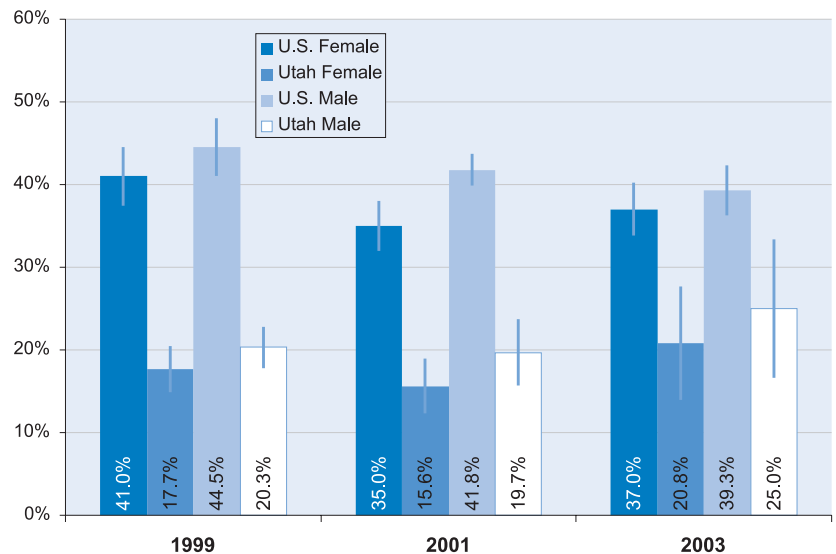


Source: Utah YBRS 1999, 2001, and 2003

The recommended amount of physical activity is light or moderate physical activity for  $\geq 30$  minutes  $\geq 5$  times per week or vigorous physical activity for  $\geq 20$  minutes  $\geq 3$  times per week.

### High School Students Watching TV

Figure 4. Percentage of high school students who watch 3+ hours of television on an average school day by gender, Utah and U.S., 1999, 2001, and 2003



Source: Utah YBRS 1999, 2001, and 2003

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For additional information about this topic, contact the Bureau of Health Promotion, Utah Department of Health, P.O. Box 142107, Salt Lake City, UT 84114-2107, (801) 538-6141; or the Office of Public Health Assessment, Utah Department of Health, P.O. Box 142101, Salt Lake City, UT 84114-2101, (801) 538-6108, FAX (801) 538-9346, email: [phdata@utah.gov](mailto:phdata@utah.gov).